

Tap Sample Collections:

WATER SYSTEM NAME _____

Directions for Homeowners

These samples are being collected to determine the lead and copper levels in your tap water. This sampling effort is required by the State in conjunction with your water supplier, and is being accomplished through the cooperation of homeowners and residents.

Samples will be collected according to the following procedures:

1. Your home has been selected as a lead and copper sampling point. Please find enclosed a "lead and copper" bottle and appropriate forms. Your water supplier has set the following date for sample kit pick-up:

Pick up _____

2. Keep the sample bottle (s) closed until collection. Avoid excessive handling to guard against contamination.
3. Use a kitchen or bathroom COLD-water faucet only for sampling. To prepare for sampling, remove the aerator from the faucet you have chosen and flush the faucet for a few seconds to remove any material from its interior.
4. After removing the aerator and flushing the faucet, do not use the water anywhere in the house for 6-8 hours. The water must be allowed to sit in the pipes for at least 6 hours before being collected. Due to this requirement, either early mornings or evenings upon returning home from work are the best sampling times.
5. **If you are not able to let the water sit in the pipes for 6-8 hours prior to sampling, do not collect a water sample. Contact the owner/manager of your water system to arrange another sampling time and pick-up date.**
6. After waiting the necessary 6-8 hours, collect the first draw from the designated cold water tap. Place the sample bottle (open) below the faucet and gently turn on the cold water tap. ***SLOWLY fill the sample bottle to the line marked "1000-ml", and turn off the water.*** IT IS IMPORTANT TO FILL SAMPLE BOTTLES PROPERLY.
7. Tightly cap the sample bottle and complete the attached label. Complete the back side of this form and attach it to sample bottle with an elastic band.

8. IF ANY PLUMBING REPAIR OR REPLACEMENT HAS BEEN DONE IN THE HOME IN THE LAST SIX MONTHS, NOTE THIS INFORMATION HERE.

9. Place the sample kit in the following location designated by the water department staff:

10. Results from this monitoring effort will be provided to participating customers by the water system within 10 days of receipt of results generated by the State.

Call _____ at _____ during the hours of _____ to _____ if you have any questions regarding these instructions.

TO BE COMPLETED BY RESIDENT

Tap used: Bath _____ Kitchen _____
Other (list) _____

Water was last used: Time _____ Date _____

Sample was collected: Time _____ Date _____

I have read the above directions and have taken a tap sample in accordance with these directions.

_____ Date _____

SIGNATURE

Address _____

Office of Drinking Water Quality
RI Dept. of Health <http://www.health.ri.gov>
(401) 222-6867 Email: safewater@health.ri.gov